Department of Health Services Licensing and Certification Program (L&C) Aide and Technician Certification Section (ATCS) 1615 Capitol Avenue, MS 3301 P.O. Box 997416 Sacramento, CA 95899-7416 (916) 327-2445

# NURSE ASSISTANT AND/OR HOME HEALTH AIDE **INITIAL APPLICATION**

(See instructions on the reverse.)

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Last name			First name	First name				MI	Sex Male	☐ Female	
holder specifically	y requests this info	rmation no	Information Act to released. (If appli	cable, check	below.)		rtified ind	dividuals	s unless th	ne certificate	
	-		sed for mailing lists und		: information /	ACI.		1	I		
Mailing address (num	ber)	City				State	ZIP code				
Date of birth	Social security number	Driver's license number			Telephone number						
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Place of birth		Height	Weight Eye color				Hair color				
fingerprinting prod	cess after obtaining a	valid social	ur application will be rejet security number. any crime, other than a			ired to re	peat train	ing, com	npetency te	sting, and the	
			on may result in the d							□ 163	
TYPE OF REQU CNA Check here if	EST (See A or B or	on the reve	erse.) program, and complet	e the school	portion below	<i>/</i> :					
Name of school or facility where you received/will receive your nurse assistant or home health					alth aide training			l elephor	ne number		
Mailing address (number and street name or P.O. Box number)			ber)	City				State	ZIP code		
California training program ID number(s)  Nurse Assistant: Home Health Aide				Beginning date(s				late(s) of t	e(s) of training		
	•		INING. (See C on the CITY FROM ANOTHE	•	State:			(Se	ee <b>D</b> on the	e reverse.)	
•		,	not subsequently cert	ified. If you	ır check is di	shonored	d by you	r bank,	you will n	ot receive a	
Live scan finger \$15 application f	Fingerprint card process \$32 fingerprint fee and \$15 application fee \$47 Total	OR	OR Already fingerprinted through ATCS  Clearance date:(You do not have to be fingerprinted again IF you were previously cleared for CNA/HHA certification or ICF/DD, DDH or DDN employment.)  \$15 application fee only								
I certify, under pe	enalty of perjury un	der the law	s of the State of Califo	rnia, that the	e foregoing is	true and	correct.				
>											
Signature of appl	licant		Date								
TO BE COMPLETED BY THE RN RESPONSIBLE FOR TRAINING REPRESENTATIVE SPONSORING THE APPLICANT FOR T ASSISTANT COMPETENCY EXAM:						F	OR DHS	USE ON	ILY		
I certify that this assistant training		cessfully c	ompleted state and fed	deral nurse				Г			
to direct patient		ice is pend	ATCS upon enrollmer ding for criminal convictory exam.								
Signature			Date								

#### **INSTRUCTIONS**

If you have never been fingerprinted and cleared through ATCS for CNA or HHA certification or ICF-DD, DDH, or DDN employment, fingerprinting is **REQUIRED**. There are *two* ways to get your fingerprints taken:

- The live scan process: Follow the SAMPLE for completion of the Request for Live Scan Services form (BCII 8016) before going to the live scan service site and take the SAMPLE with you for reference. Check with your training program or local law enforcement agency for location of the live scan site. Sites are also updated on the Attorney General's website at <a href="https://www.caag.state.ca.us/fingerprints/publications/contact.pdf">www.caag.state.ca.us/fingerprints/publications/contact.pdf</a>.
  - You should call the service site you choose to make an appointment and ask about the cost of the service. You must pay the service plus **the fingerprint processing fee of \$32** to the service site.
- Fingerprint card process: Fingerprints are "rolled" on cards. You can get fingerprints rolled at the American Red Cross (ARC), local law enforcement agency, or other businesses that have individuals who are trained to roll fingerprints. The location of these businesses may be listed in the yellow pages of your local telephone book.

All convictions are reviewed. If the conviction prevents certification, the applicant and employer (if known) will be notified. You will not receive a certificate until you have been cleared through a criminal background check.

#### A. STUDENTS ENROLLING IN A CNA TRAINING PROGRAM

Upon enrollment in an ATCS-approved 150-hour training program, the applicant must be fingerprinted using either process described above. **BEFORE** any contact with patients, the fingerprint card or second copy of the completed BCII 8016 live scan form must be submitted to ATCS along with:

- this completed application form; and
- fingerprints (via live scan or card); and
- the correct fee, either \$15 (if submitting a live scan form) or \$47 (if submitting a fingerprint card).

**Provided the above has been submitted to ATCS by the applicant or training program,** the nurse assistant may work with proof of successful completion of the competency exam while the criminal background investigation is in progress.

## B. HOME HEALTH AIDE (HHA) APPLICANTS

There is no reciprocity granted for HHAs. Applicants must take HHA training from either of the following ATCS-approved training programs:

- 120 hours consisting of at least 65 hours of classroom and 55 hours of supervised clinical training in basic nursing and home health topics.
- 40 hours supplemental HHA training consisting of 20 hours classroom and 20 hours supervised clinical training in home health topics. This course is
  only for individuals who are already CNAs or enrolling in combined CNA/HHA training programs.

Upon enrollment in either of these programs, the training program will send to ATCS:

- a completed fingerprint card or second page of the BCII 8016 live scan form; and
- this completed application form; and
- the correct fee. In combined CNA/HHA programs, only ONE fee will be required for each individual. Using a fingerprint card, the fee is \$47 or using live scan, the fee is \$15.

You may NOT work as a certified HHA until you are cleared for criminal convictions and receive an HHA certificate.

# C. EQUIVALENCY-TRAINED NURSE ASSISTANT APPLICANTS

If you are presently in (or completed) an RN, LVN, or licensed psychiatric technician program (but have not received your CA license); have military services medical training; or have received the above license(s) from a foreign country, you will not have to take further training and you qualify to take the competency exam. You must submit an original copy of your transcript of training (or students can substitute the transcript with a letter on official school letterhead listing equivalent training in at least "fundamentals of nursing"). If discharged from the military, a **copy** of your DD-214 can substitute for the original transcript.

Submit the transcript or DD-214 to ATCS along with:

- proof of work providing nursing services at least one day for pay in the last two years (not required for nursing students or if the college degree was
  received in the last two years); and
- your fingerprints, using either the live scan or fingerprint card process; and
- this completed application form; and
- either a \$15 application fee (if submitting a live scan form), or a \$47 fee (if submitting a fingerprint card).

If eligible, ATCS will send information for you to take the exam.

**Provided the above has been submitted to ATCS by the applicant or training program,** the nurse assistant may work with proof of successful completion of the competency exam while the criminal background investigation is in progress.

# D. CNA RECIPROCITY APPLICANTS FROM OTHER STATES

If the CNA certification is active and in good standing on another state's registry, she/he will qualify for certification in California without taking the CNA training or competency exam if she/he has worked at least one day for pay providing nursing services in the last *two* years. Submit to ATCS:

- a copy of your state-issued certificate; and
- proof of work providing nursing services in the last two years; and
- your fingerprints using either the live scan or fingerprint card process; and
- this completed application form; and
- either a \$15 application fee (if submitting a live scan form), or a \$47 fee (if submitting a fingerprint card).

Provided the above has been submitted to ATCS by the applicant or training program, the nurse assistant may work while the criminal background investigation is in progress.

## NAME AND ADDRESS CHANGES

You are responsible for notifying ATCS, within 30 days, whenever changes of your name or address occur. If you have had a name change, submit legal verification of the change. Indicate your certificate number or SSN for identification.

## INFORMATION COLLECTION AND ACCESS: PRIVACY STATEMENT

\*This social security number (SSN) is requested by the Department of Health Services, Licensing and Certification, Aide and Technician Certification Section (ATCS) under Health and Safety Code, Sections 1337 through 1338.5 and 1736.1 through 1736.6 in order to process requests for nurse assistant and home health aide certification. Providing this information is mandatory for purposes of identification only in order to fulfill the State's responsibilities under federal regulations (42 CFR 483.151 through 483.156 and 484.36). For more information, contact ATCS at the address on the front of this form.